Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Regel) NRS 294A 865	DATE OF EACH EXPENSE	AMOUNT OF A
CHAYNEL 5 PUBLIC BRUADCASTING 1670 N. VIRGINIA ST. KEND, NY 99503	B	11/17/02	£ 290.00

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